

Plaintiff
Jason L. Montague
VS.
ILLINOIS Department of Corrections

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

RECEIVED

JAN 24 2008

MICHAEL V. DOBBINS
CLERK U.S. DISTRICT COURT

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Judge Kapala

Case No: 08 C 50017
(To be supplied by the Clerk of this Court)

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

X

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

- A. Name: Jason L. Montague
- B. List all aliases: None
- C. Prisoner identification number: B29879
- D. Place of present confinement: Pixon
- E. Address: 2600 N. Britton Ave. Dixon ILL.

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: State of Illinois
 Title: Medical Department
 Place of Employment: State of Illinois
- B. Defendant: _____
 Title: _____
 Place of Employment: _____
- C. Defendant: _____
 Title: _____
 Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. Exhaustion of Administrative Remedies

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

A. Is there a grievance procedure available at your institution?

YES ☒ NO () If there is no grievance procedure, skip to F.

B. Have you filed a grievance concerning the facts in this complaint?

YES ☒ NO ()

C. If your answer is **YES**:

1. What steps did you take?

I've wrote the Gover

I've filed serral Grievances.

2. What was the result?

3. If the grievance was not resolved to your satisfaction, did you appeal? What was the result (if there was no procedure for appeal, so state.)

D. If your answer is **NO**, explain why not:

E. Is the grievance procedure now completed? YES () NO ()

F. If there is no grievance procedure in the institution, did you complain to authorities? YES () NO ()

G. If your answer is **YES**:

1. What steps did you take?

2. What was the result?

H. If your answer is **NO**, explain why not:

IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):

- A. Name of case and docket number: none
- B. Approximate date of filing lawsuit: _____
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: _____

- D. List all defendants: _____

- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): _____
- F. Name of judge to whom case was assigned: _____

- G. Basic claim made: _____

- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): _____

- I. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

V. Statement of Claim:

Pain and Suffering

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I've been sick for year's
 Doctor told me I only have six
 month to live. I have been
 denied the correct treatment for
 the condition I have. All I want
 is the correct treatment. All the
 time I have told several officers
 that I am sick. I can't get
 the correct treatment at all
 here at this prison. I need
 to see specialist for my
 condition. I have a life
 threatening disease that I don't
 know the name of and this prison
 will not give me the correct
 Medical Treatment! I've
 been suffering for more than
 100 day now. Please Help me!

VI. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

The correct treatment
and to be paid for pain
and suffering for Neglect.

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this Jan, day of 21, 20 08

Mr. Jason L. Montague

(Signature of plaintiff or plaintiffs)

Jason L. Montague

(Print name)

B29879

(I.D. Number)

2600 N. Brith Ave,

Dixon Cor. Center

Dixon ILL. 61021

(Address)

Mr. Jason L. Montague B29879

2600 N. Britton Ave.

Peoria C.C.

Peoria Ill. 61021

This Correspondence Is From
An Inmate Of The Illinois
Dept Of Corrections



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